County: Raci ne LI NCOLN VI LLAGE CONVALESCENT CENTER

1700 C. A. BECKER DRIVE

RACINE 53406 Phone: (262) 637-9751		Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	122	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	122	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	119	Average Daily Census:	118

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	45. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	4.2	More Than 4 Years	18. 5
Day Services	No	Mental Illness (Org./Psy)	25. 2	65 - 74	6. 7		
Respite Care	No	Mental Illness (Other)	6. 7	75 - 84	29.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	42. 9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	1. 7	95 & 0ver	16. 8	Full-Time Equivale	nt
Congregate Meals	No	Cancer	3. 4	İ	(	Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	3. 4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7. 6	65 & 0ver	95. 8		
Transportation	No	Cerebrovascul ar	16. 8			RNs	8. 1
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	6. 2
Other Services	No	Respi ratory	8. 4		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	26. 9	Male	26. 1	Aides, & Orderlies	45. 3
Mentally Ill	No	İ		Femal e	73. 9		
Provi de Day Programming for		İ	100.0		j		
Developmentally Disabled	No	İ			100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	5	7. 0	126	0	0. 0	0	1	3. 6	195	0	0. 0	0	0	0.0	0	6	5. 0
Skilled Care	20	100.0	239	64	90. 1	103	0	0.0	0	27	96. 4	165	0	0.0	0	0	0.0	0	111	93. 3
Intermedi ate				2	2.8	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		71	100.0		0	0.0		28	100.0		0	0.0		0	0.0		119	100. 0

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Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01										
beachs builing keporting refroe	•	ı'			% Needi ng		Total				
Percent Admissions from:		Activities of	%	As	si stance of	% Totally	Number of				
Private Home/No Home Health	1. 7	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents				
Private Home/With Home Health	1. 1	Bathi ng	0.0		74. 8	25. 2	119				
Other Nursing Homes	1.7	Dressi ng	5. 0		81. 5	13. 4	119				
Acute Care Hospitals	94. 4	Transferring	15. 1		<b>55.</b> 5	29. 4	119				
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 3		<b>54</b> . <b>6</b>	31. 1	119				
Reĥabilitation Hospitals	0.6	Eating	69. 7		20. 2	10. 1	119				
Other Locations	0.6	**************	******	******	******	********	******				
Total Number of Admissions	180	Conti nence		%	Special Treatmen	nts	%				
Percent Discharges To:	,	Indwelling Or Externa	al Catheter	9. 2	Receiving Resp	oi ratory Care	5. 0				
Private Home/No Home Health	30. 2	Occ/Freq. Incontinent	t of Bladder	38. 7	Recei vi ng Trac	cheostomy Care	0.0				
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	21.8	Recei vi ng Suct	i oni ng	0. 0				
Other Nursing Homes	4. 5	-			Receiving Osto	omy Care	5. 0				
Acute Care Hospitals	16. 2	Mobility			Recei vi ng Tube	e Feeding	5. 9				
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0.8	Receiving Mech	nanically Altered Diets	31.9				
Rehabilitation Hospitals	0.6	]			e e	v					
Other Locations	7.8	Skin Care			Other Resident (	Characteri sti cs					
Deaths	40.8	With Pressure Sores		6. 7	Have Advance I	Di recti ves	83. 2				
Total Number of Discharges		With Rashes		0.0	Medi cati ons						
(Including Deaths)	179	Í			Receiving Psyc	choactive Drugs	<b>54</b> . <b>6</b>				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	Ownershi p: Thi s Nonprofi t				Si ze: - 199		ensure: lled	Al	1		
	Facility Peer Group			Group		Group	Facilities				
			1								
	%	%	Ratio	%	Rati o	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96. 7	89. 4	1. 08	83. 8	1. 15	84. 3	1. 15	84. 6	1. 14		
Current Residents from In-County	97. 5	82. 7	1. 18	84. 9	1. 15	82. 7	1. 18	77. 0	1. 27		
Admissions from In-County, Still Residing	30. 0	25. 4	1. 18	21. 5	1. 40	21. 6	1. 39	20. 8	1. 44		
Admissions/Average Daily Census	152. 5	117. 0	1. 30	155. 8	0. 98	137. 9	1. 11	128. 9	1. 18		
Discharges/Average Daily Census	151. 7	116.8	1. 30	156. 2	0. 97	139. 0	1.09	130. 0	1. 17		
Discharges To Private Residence/Average Daily Census	45.8	42. 1	1.09	61. 3	0. 75	<b>55. 2</b>	0.83	52. 8	0. 87		
Residents Receiving Skilled Care	98. 3	93. 4	1. 05	93. 3	1. 05	91.8	1. 07	85. 3	1. 15		
Residents Aged 65 and Older	95. 8	96. 2	1. 00	92. 7	1. 03	92. 5	1. 04	87. 5	1. 10		
Title 19 (Medicaid) Funded Residents	59. 7	57. 0	1. 05	64. 8	0. 92	64. 3	0. 93	68. 7	0. 87		
Private Pay Funded Residents	23. 5	35. 6	0. 66	23. 3	1. 01	25. 6	0. 92	22. 0	1. 07		
Developmentally Disabled Residents	0. 0	0. 6	0. 00	0. 9	0. 00	1. 2	0. 00	7. 6	0. 00		
Mentally Ill Residents	31. 9	37. 4	0. 85	37. 7	0. 85	37. 4	0.85	33. 8	0. 95		
General Medical Service Residents	26. 9	21.4	1. 26	21. 3	1. 26	21. 2	1. 27	19. 4	1. 39		
Impaired ADL (Mean)	50. 8	51. 7	0. 98	49. 6	1. 02	49. 6	1. 02	49. 3	1. 03		
Psychol ogi cal Problems	<b>54</b> . <b>6</b>	52. 8	1. 03	53. 5	1. 02	54. 1	1. 01	51. 9	1. 05		
Nursing Care Required (Mean)	6. 8	6. 4	1. 07	6. 5	1. 05	6. 5	1. 05	7. 3	0. 93		